

STANDARD CERTIFICATE OF DEATH

State File No. 33977

SEP 20 1952

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4577		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. LENGTH OF STAY (In this place) <u>70 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u> <u>1060</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skidmore Green Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>'</u>			
3. NAME OF DECEASED a. (First) <u>Daisy</u> b. (Middle) <u>E</u> c. (Last) <u>Milton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-52</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-24-1882</u>	
9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>7</u>		11. UNDER 10 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home Medicine</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkville, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Marion Vincent</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Vincent</u>		14. NAME OF HUSBAND OR WIFE <u>Nelson Milton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>				16. SOCIAL SECURITY NO. <u>4-97-99-2-2854</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nelson Milton</u> ADDRESS <u>Branson, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Essential</u>				<u>Unconscious</u>			
DUE TO (c) <u>Arteriosclerosis Generalized</u>				<u>Unconscious</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION		331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 1952, to <u>9-16</u> , 1952, that I last saw the deceased alive on <u>9-16</u> , 1952, and that death occurred at <u>9:45 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.C. Magnus M.D.</u> (Degree or title)				23b. ADDRESS <u>Branson, MO</u>		23c. DATE SIGNED <u>9-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frank Memorial Park, Branson, MO</u>		24d. LOCATION (City, town, or county) (State) <u>Branson, MO</u>	
DATE REC'D BY LOCAL REG. <u>9-22-52</u>		REGISTRAR'S SIGNATURE <u>S.E. Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Winkler</u>		ADDRESS <u>Branson, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 19 1932

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Minnie L. Whelchel

Licensed Embalmer No.

2277

P. O. Address

Branson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.